# Spring/Summer 2014 Adult Softball League

### **GENERAL INFORMATION**

- The Spring/Summer season begins Sunday, May 4, 2014.
- You may only register as a team, and all paperwork must be turned in to the Registration Office before you are allowed to participate.
- Players who do not have a team may contact us at (310) 972-7760 to be put on the free agent list. You are not guaranteed to be placed on a team.
- There are two classifications of teams: Resident teams and Non-Resident teams. Resident teams get a one week priority registration period, and the Non-Resident team registration starts after. Resident teams must either have 75% of their players prove they are City of Torrance residents or have a business sponsor that is located within the Torrance City limits! The sponsor must complete the sponsor form and make checks payable to the City of Torrance to be eligible for the discount. SPONSORS MUST PAY 100% OF THE FEE TO GET THE RESIDENT RATE! Rosters will be due with payment if you are applying for 75% option.
- Full refunds will be issued only if the league is cancelled.
- All games are played at Wilson Park 2200 Crenshaw Blvd. or El Nido Park 18301 Kingsdale Ave.
- The league directors have final say on rosters and what division teams are placed in.
- League rules and stats are posted online at www.TorranceCA.Gov/Parks/7499.htm.
- All players must be 18 years or older to play. No exceptions.
- Managers' meeting will be held at the Dee Hardison Sports Center at Wilson Park on Wednesday, April 30, 2014 at 7:00 p.m.

#### **REGISTRATION DATES**

- Resident team priority registration begins Monday, March 31, 2014 at 8:00 a.m.
- Open registration begins Tuesday, April 8, 2014 at 8:00 a.m.
- All registration ends Wednesday, April 16, 2014 at 5:00 p.m.

#### **FEES**

Online Registration Now Available! (Non-Resident Fee Only)

• Resident Team Fee: \$600.00 Sunday Afternoon Fee: \$540.00 Resident

• Non-Resident Team Fee: \$620.00 Sunday Afternoon Fee: \$560.00 Non-Resident

• Includes 10 regular season games plus playoffs.

## **REGISTRATION OFFICE INFORMATION**

**Hours:** Monday through Thursday, and alternating Fridays 8:00 a.m. to 5:00 p.m.

Online: Team manager must create an account online. Online registrants will be

considered non-resident teams and will pay an additional 2 1/2 % convenience fee

based on the total league fee. Info at www.ClassSchedule.TorranceCA.Gov

Phone: (310) 618-2720- Non-resident teams may register over the phone.

Fax: (310) 781-7598 Faxed registrations will be processed as time permits.

Walk-in/Mail: City of Torrance Community Services Department, Attn: Registration Office

3031 Torrance Boulevard

Torrance, CA 90503

<u>Payment methods</u>: Check, cash, money order or credit card (Visa, MasterCard, American Express or Discover). Please do not mail cash. Checks and money orders should be made payable to the "City of Torrance."

For more information, please call (310) 972-7760 or email AdultSoftball@TorranceCA.Gov.

# SOFTBALL LEAGUE REGISTRATION FORM

| TEAM STATUS                                                                             |                  |         |                       |           |               |          |        |  |
|-----------------------------------------------------------------------------------------|------------------|---------|-----------------------|-----------|---------------|----------|--------|--|
| Circle one:                                                                             | Resident (75%)   |         | Resident (Sponsor)    |           | Non-Resident  |          |        |  |
| Circle one:                                                                             | Men's            |         | Women's (Friday only) |           | Coed          |          |        |  |
| Circle one:                                                                             | Sunday afternoon | Sunday  | Monday                | Tuesday   | Wednesday     | Thursday | Friday |  |
| Circle one:                                                                             | New team         | Ret     | urning team           |           |               |          |        |  |
| PLEASE PRINT YOUR INFORMATION LEGIBLY.                                                  |                  |         |                       |           |               |          |        |  |
| CONTACT INFORMATION                                                                     |                  |         |                       |           |               |          |        |  |
| THIS SEASO                                                                              | ON'S TEAM NA     | ME:     | DIVISION:             |           |               |          |        |  |
| LAST SEAS                                                                               | ON'S TEAM NA     | AME:    |                       | DIVISION: |               |          |        |  |
| TEAM MANAGER'S NAME:                                                                    |                  |         |                       |           |               |          |        |  |
|                                                                                         |                  |         |                       |           |               |          |        |  |
| BIRTH DATE                                                                              | ≣: <u></u>       |         | AGE:                  | CELL PHO  | ONE:          |          |        |  |
| HOME PHONE:WORK PHONE:                                                                  |                  |         |                       |           |               |          |        |  |
| EMAIL ADDRESS:                                                                          |                  |         |                       |           |               |          |        |  |
| ADDRESS:                                                                                |                  |         |                       |           |               |          |        |  |
| CITY:                                                                                   | :ITY:            |         |                       | ZIP:      |               |          |        |  |
| For more information, please call (310) 972-7760 or email AdultSoftball@TorranceCA.Gov. |                  |         |                       |           |               |          |        |  |
| METHOD OF PAYMENT                                                                       |                  |         |                       |           |               |          |        |  |
| □ CHECK DRIVER'S LICENSE NUMBER:                                                        |                  |         |                       |           |               |          |        |  |
| □ CREDIT CARD □ VISA □ MASTERCARD □ American Express □ Discover                         |                  |         |                       |           |               |          |        |  |
| CREDIT CARD #:                                                                          |                  |         |                       |           |               |          |        |  |
| Expiration date:/ I authorize the use of my credit card in the amount of: \$            |                  |         |                       |           |               |          |        |  |
| Print name as it appears on card:                                                       |                  |         |                       |           |               |          |        |  |
| Cardholder signature:                                                                   |                  |         | Date:                 |           |               |          |        |  |
| For Office Use C                                                                        | Only. Receipt I  | Number: |                       | Tran      | saction Date: |          |        |  |
| Check:                                                                                  |                  |         | CC:                   |           |               |          |        |  |